



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

Section 403- Emergency Medical Response

Emergency Medical Response - 403.00		
S.O.P. # 403.03	Storage, Handling & Custody of Narcotics	PAGE: 1 OF 4
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403.03.01 Purpose

The purpose of this SOP is to establish procedures governing the proper storage, handling and custody of controlled medications and shall be applied uniformly by all personnel and in all locations at which controlled medications are stored, transferred, administered or wasted.

403.03.02 General

This SOP is established as a procedure to uniformly comply with Title 21 Code of Federal Regulations, Part 1300 - End.

403.03.03 Definitions

For the purpose of this SOP, controlled medications shall be defined as any medication that is listed as a DEA Scheduled Drug. Currently, the only applicable medications per Maryland EMS Protocols include Morphine Sulfate, Fentanyl, Versed and Diazepam. Controlled medications and the word narcotic/s may be used interchangeably throughout this SOP.

403.03.04 Policy

1. **Storage** - All controlled medications, when not in the custody of an On-duty ALS Provider, shall be stored in the following manner:
 - a. Controlled medications must be stored in an approved safe under double lock and key.
 - b. All removal and replacement of controlled medications to and from the safe must be recorded in a logbook; the logbook is to be kept in the safe with the stored controlled medications. The following information must be documented in the logbook:
 - i. Date
 - ii. Time
 - iii. Amount of controlled medications currently in safe
 - iv. Amount removed (if applicable)
 - v. Amount returned (if applicable)
 - vi. Reason for the removal/return of the controlled medication.
 - vii. Printed name of person removing/replacing the controlled medication/s
 - viii. Signature of person removing/replacing the controlled medication/s.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

- c. Surplus controlled medications are only to be stored in the electronic safes in the DES Medical Duty Officer's office at the Emergency Services Building and the DES Field Operations office at District 3.

2. Handling

- a. Controlled medications, when not in the safe, must be secured under double seal/lock.
- b. In the field, controlled medication shall be stored in the approved lock box, consisting of 60 mg of Morphine and 20 mg of Versed.

3. Custody

- a. All controlled medications must have a documented log showing a chain of custody at all times, to include: safe to person, person to safe and person to person.
- b. All controlled medications added to or removed from a safe must be recorded on the *Charles County DES Narcotic Control Log* that can be found in each safe.
- c. All transfer of controlled medications from person to person that occur upon shift change must be recorded on the *Charles County DES Narcotic Control Log*.
- d. All transfer of controlled medications from person to person that do not occur at shift change should be documented on the *Charles County DES Narcotic Custody Form*. These situations include but are not limited to:
 - i. Transfer of new stock from the MDO or float medic to field personnel.
 - ii. Transfer of expired stock from the field personnel to the MDO or float medic.
 - iii. Transfer of controlled medications with broken seals from field personnel to the MDO or float medic.

4. Disposal of Unused and Expired Controlled Medications

- a. When narcotics are used on a patient transported to the hospital, any unused narcotic must be disposed of in accordance with the hospital's policy, in the presence of a nurse or doctor, and documented on the *Controlled Substance Use/Waste/Restock Record* panel located on the *Signatures* tab within the eMEDS patient care report. If eMEDS is inaccessible for any reason then the wasting of the controlled medication should be recorded on the *Charles County DES Narcotic Custody Form*.
- b. All other unused and/or expired narcotics shall be wasted in the presence of at least one DES Supervisor. This should be recorded on the *Charles County DES Narcotic Custody Form*.

5. Replacement

- a. All narcotics shall be replaced solely by the on-duty Medical Duty Officer (MDO) or the on-duty float medic.
- b. Narcotics are not to be replaced by the hospital.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

403.03.05 Procedure

The following procedures concerning the storage, handling and custody of narcotics shall be followed:

1. At all times there will be a documented chain of custody to and from the safe.
2. At the start of each shift, the out-going and on-coming ALS provider/s shall inspect the narcotics together making sure that the lock box is locked/sealed and the control seals of the medications are intact.
3. The documentation of the transfer shall be described on the *Charles County DES Narcotic Control Log*.
4. It is the responsibility of the on-duty ALS provider to ensure that their issued narcotics remain secured at all times.
5. If narcotics are administered on a call:
 - a. Contact the on-duty MDO as soon as possible to arrange the replacement of the controlled medication.
 - b. If transporting to a hospital, any unused narcotic should be disposed of in accordance with the hospital's policy in the presence of a nurse or doctor and documented on the *Controlled Substance Use/Waste/Restock Record* located on the *Signatures* tab within eMEDS.
 - c. If eMEDS is unavailable, the wasting should be documented on the *Charles County DES Narcotic Custody Form*. This form should be scanned and added to the eMEDS patient care record as an attachment.
 - d. If a controlled medication's seal is broken on a call but the patient is not transported to a hospital then the medication should be wasted in the presence of the on-duty MDO or float medic. The controlled medication should be expelled into a 4x4 gauze pad and then disposed of in a trash receptacle. Any sharps must be placed in an appropriate sharps container.
 - e. Wasting performed in the presence of the on-duty MDO or float medic should be documented within eMEDS or on the *Narcotic Custody Form* as described above.
 - f. New controlled medications transferred from the MDO or float medic to a field provider as replacement stock should be recorded on the *Charles County Narcotic Custody Form*.
 - g. Controlled medications that are used or replaced must then be recorded on the station's *Narcotic Control Log* by the ALS provider immediately upon their return to the station.
6. If a controlled medication becomes damaged or its seal becomes broken:
 - a. Contact the on-duty MDO immediately.
 - b. Maintain control of the narcotics container and broken seal/lock.
 - c. A *Charles County DES Incident Report* should be completed describing the circumstances surrounding the damaged or unsealed medication.
 - d. The replacement of medications should be recorded on the *Charles County DES Narcotic Custody Form* and the ALS provider should update the station's *Narcotic Control Log* immediately upon return to the station.
 - e. The damaged medication should be returned to the controlled medications safe at the ES Building for further evaluation.
 - f. It is the responsibility of the reporting MDO to immediately notify the Quality Assurance Officer of the incident/findings and begin an investigation.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

7. If the ALS provider has to leave his/her drug box unattended for any reason, the ALS provider shall take the narcotics with him/her or transfer them to an on-duty MDO. The transfer of controlled medications should be recorded on the *Charles County DES Narcotic Custody Form* whenever possible.
8. If the crew is required to be away from visual observation of the unit, the unit is to be locked or the narcotics are to be in the possession of the ALS Provider. (*The only exception to this policy is if the unit is secured within a closed secure facility*).
9. At the beginning of each month, the Charles County EMS Division *Narcotic Control Log* shall be collected by the on-duty MDO and maintained in storage for a period of three (3) years.
10. All *Charles County DES Narcotic Custody Forms* that are not attached to an EMS event (e.g. forms documenting the wasting of expired controlled medications) should be scanned and saved to a designated location.
11. All records and logs shall be available for review by the DEA as necessary or requested for a period up to but not beyond three (3) years.